

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Exteco, Inc.  
109 North Fifth Street  
Saddle Brook, NJ 07663

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature



- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Tina Krasna

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

2:07EV 60



3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service lab)

7003 3110 0004 0799 4

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540